(512)463-5800 1-800-325-8506

	OFFICEHOLDER		6793	FORM COVER SH	EET PG 1
The C/OH Instruction Guid	e explains how to complete thi	s form. (Et	COUNT # hics Commission filers)	2 PAGE# 1 of 41	
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIR		Mi	OFFICE U	SE ONLY
NAME	NICKNAME LAS		SUFFIX	Date Received.	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE P.O. Box 16665 Austin, TX 78761	#; CITY;	STATE; ZIP CODE	Date Hand delivered	or Date Postmarked
	MS/MRS/MR FIR	DET.	MI	Receipt #	Amount
5 CAMPAIGN TREASURER	MS/MRS/MR FIR Loui		1911	Date Processed	
NAME	NICKNAME LA Simi		SUFFIX	Date Imaged	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEAS 7501 Barcelona Drive Austin, TX 78752	SÉ); APT / SUITE #;	CITY; STATË;	ZIP CODE	
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUI (512) 453-5322	MBER	EXTENSION		
8 REPORT TYPE		h day before election	Runoff	, -	ampaign treasurer ficeholder only)
	X July 15 8th	day before election	Exceeded \$500 limit	Final report (All	ach C/OH - FR)
9 PERIOD COVERED	Month Day Year 01/01/2007	THROUGH	Month Day 06/30/26		
40 ELECTION	ELECTION DATE	ELECTION TYPE			
10 ELECTION	Month Day Year 11/04/2008	Primary	Runoff	General	Special
11 OFFICE	OFFICE HELD (If any) Travis CO Commissioner F	Pct 1	12 OFFICE SOUGHT (if know Travis CO Commis	n) ssioner Pct 1	
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Direct campaign expenditures Candidates are required to disclose Name				
	Address/PO Box; Apt. / Suite #;	City; State; Zip Code	>		
		GO TO PAG	E 2		

Austin, Texas 78711-2070

Texas Ethics Commission	P.O. Box 120	70 Austin, Texas 78711-2070	(512)463-5800	1-800-325-850
CANDIDATE SUPPORT &		OLDER REPORT:		ORM C/OH SHEET PG 2
14 C/OH NAME DAVI	S, RON		15 ACCOUNT# (12312005	Ethics Commission filers)
16 NOTICE FROM	have been made with	tice of political expenditures by political committees to support to out the candidate's or officeholder's knowledge or consent. Can by receive notice of such expenditures		
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		***************************************
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		· ·
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAIS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE		0.00
	1	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	31,286.00
EXPENDITURE TOTALS	3. TOTAL I	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEM	AIZED \$	0.00
	4. TOTAL POLITICAL EXPENDITURES			9,461.15
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE AY OF THE REPORTING PERIOD	\$	50,197.71
OUTSTANDING LOAN TOTALS	1	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	THE \$	0.00
18 AFFIDAVIT	<u></u>			
MY MY	ELICITAS B. CHAVEZ COMMISSION EXPIRES December 8, 2010	I swear, or affirm, under pe is true and correct and incid me under Title 15, Election Signature	ides all information requir	ed to be reported by
Sworn to and subscrit	. 0	he said Ron Daw	this the	R1St day
felicites &	20_ 08 , to ce	Felicitas B. Chavet Print name of officer administering oath	Notary Pu	

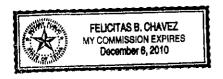
CORRECTION AFFIDAVIT For July 15, 2007 Report

The July 15, 2007 Report has been corrected because twelve (12) checks were found on February 20, 2008, in an envelope under a stack of papers. Those twelve checks increased the total contributions another \$3,725.00.

The total political contributions will increase from \$27,561.00 to \$31,286.00. The total political contributions maintained will increase from \$46,472.71 to \$50, 197.71. The Report Total Sheet and the Schedule A Sheet in this report reflects those changes.

The omitted donors and their donations are on the list below:

1. Chris and Amy Ellis	\$500
2. David Roche	\$500
3. Sam Archer	\$65
4. Kirk and Amy Rudy	\$500
5. A Bryce Miller	\$500
6. Andrew and Laura Pastor	\$500
7. Larry Beard	\$500
8. Roger and Claude El-Khoury	\$50
9. Mary and David Baughman	\$50
10. Dana Blanton	\$50
11. Victoria Worsham	\$10
12. Jeffrey and Valerie Newberg	\$500



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and finctodes all information required to be reported by me under Title 18, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTA	RY STAMP	/ SEAL A	BOVE
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Sworn to and subscribed before me, by the said Rom Daw

2008, to certify which, witness my hand and seal of office.

	The Instruction	אס Guide explains how to complete this form.		1 PAGE # Schedule: 1/2	29 Report: 3/41				
2	FILER NAME	DAVIS, RON		3 ACCOUNT# 12312005	(Ethics Commission filers)				
4	Date	5 Full name of contributor)	7 Amount of contribution (\$)	8				
	03/12/2007	6 Contributor address; City; State; Zip Code 7807 Doncaster Austin, TX 78745		\$50.00	 				
L				(If travel outside of	Texas, complete Schedule T)				
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)					
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)				
	05/18/2007	Contributor address; City; State; Zip Code 1625 L st. N.W. Washington, DC 20036		\$500.00	 				
				(If travel outside of	Texas, complete Schedule T)				
	Principal occur	pation / Job title (See Instructions)	Employer (See In	1 .					
	· · intorpar occup	Sales Tool tile (occ med delone)	Employer (coc m						
	Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)				
	06/11/2007	Contributor address; City; State; Zip Code 1000 Space Lane Austin, TX 78758-4148		\$10.00	1 				
				<u> </u>	Texas, complete Schedule T)				
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)					
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)				
	05/18/2007	Contributor address; City; State; Zip Code 4907 Boardhill Dr. Austin, TX 78723		\$35.00	 				
			•	(15 hannest - 1 1 1 1	Tours complete Selection Ti				
<u>_</u>				<u> </u>	Texas, complete Schedule T)				
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)					
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)				
	03/27/2007	Contributor address; City; State; Zip Code 1511A W. 10th St Austin, TX 78703		\$65.00	 				
				(If travel outside of	Texas, complete Schedule T)				
-	Principal occur	Dation / Job title (See Instructions)	Employer (See Ir		-,,				
	плица осси	Samon 1 doo tille (dee mallachona)	Employer (Gee II		,				

Texas Ethics Commission

		New York Control of the Control of t			
	The Instructio	on Guide explains how to complete this form.		1 PAGE # Schedule: 2/2	29 Report: 4/41
2	FILER NAME	DAVIS, RON		3 ACCOUNT # 12312005	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID#_Armbrust & Brown,L.L.P.)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	03/12/2007	6 Contributor address; City; State; Zip Code 100 CCongree Ave., Suite 1300 Austin, TX 78701-2744	:	\$500.00 	
			<u></u> !	<u> </u>	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In:	structions)	
	Date	Full name of contributor	.)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/18/2007	Contributor address; City; State; Zip Code 100 CCongree Ave., Suite 1300 Austin, TX 78701-2744		\$250.00	1
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/28/2007	Contributor address; City; State; Zip Code 4106 Medical Parkway Austin, TX 78756-3700		\$1,000.00	
	D.:		Fd- (2)	1_1_1	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/28/2007	Contributor address; City; State; Zip Code 2307 Tower Dr. Austin, TX 78703		\$25.00	Toyas complete Schodule 7:
	Principal carre	vation / Joh title (See Instructions)	Employer (See In	<u> </u>	Texas, complete Schedule T)
_		pation / Job title (See Instructions)			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/18/2007	Contributor address; City; State; Zip Code 2307 Tower Dr. Austin, TX 78703		\$35.00	!
}				(If travel outside of	Texas, complete Schedule T)
-	Principal occup	pation / Job title (See Instructions)	Employer (See In	nstructions)	

	The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 3/2	29 Report: 5/41
2	FILER NAME	DAVIS, RON		3 ACCOUNT# 12312005	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Beall, Jonathan M.)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	02/28/2007	6 Contributor address; City; State; Zip Code 2001 Justin Lane Austin, TX 78757-2412		\$50.00	! ! !
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	<u> 1 </u>	Texas, complete Schedule T)
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/27/2007	Contributor address; City; State; Zip Code 6200 Gilbert Rd Austin, TX 78724		\$500.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	istructions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/12/2007	Contributor address; City; State; Zip Code 4001 Licorice Lanc Austin, TX 78728		\$50.00	
L	,			I	Texas, complete Schedule T)
	Principal occup	eation / Job title (See Instructions)	Employer (See Ir	nstructions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/28/2007	Contributor address; City; State; Zip Code 1306 Nueces St. Austin, TX 78701		\$50.00	
l				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ir	nstructions)	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/27/2007	Contributor address; City; State; Zip Code 920 E 52nd Street Austin, TX 78751		\$50.00	!
				(If travel outside of	Texas, complete Schedule T)
ļ	Principal occup	pation / Job title (See Instructions)	Employer (See Ir	nstructions)	
1					

	The Instruction	N GUIDE explains how to complete this form.		1 PAGE# Schedule: 4/2	29 Report: 6/41			
2	FILER NAME	DAVIS, RON		3 ACCOUNT # 12312005	(Ethics Commission filers)			
4	Date	5 Full name of contributor ut-of-state PAC (ID#_BMcPAC)	7 Amount of contribution (\$)	8			
	03/12/2007	6 Contributor address; City; State; Zip Code 111 Congress Ave., Suite 1400 Austin, TX 78701		\$1,000.00	 			
				(If travel outside of	Texas, complete Schedule T)			
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	<u></u>				
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	05/18/2007	Contributor address; City; State; Zip Code 111 Congress Ave., Suite 1400 Austin, TX 78701		\$1,000.00	 			
				(If travel outside of	Texas, complete Schedule T)			
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)				
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	05/18/2007	Contributor address; City; State; Zip Code 4613 Fallenash Drive Austin, TX 78725		\$50.00	[]			
					'			
	Principal occur	pation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete Schedule T)			
		, , , , , , , , , , , , , , , , , , , ,		,				
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	03/12/2007	Contributor address; City; State; Zip Code 3903 Ridgelea Dr Austin, TX 78731		\$25.00	! !			
				//640-0-1 - 04-1-4 04	Towns as anniate Cabadula T\			
	Principal occur	pation / Job title (See Instructions)	Employer (See In	<u> </u>	f Texas, complete Schedule T)			
:	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	05/18/2007	Contributor address; City; State; Zip Code 3903 Ridgelea Dr Austin, TX 78731		\$20.00	 			
				(If travel outside of	f Texas, complete Schedule T)			
	Principal occur	pation / Job title (See Instructions)	Employer (See Ir	structions)				
1								

	The Instructio	אס Guide explains how to complete this form.		1 PAGE # Schedule: 5/2	29 Report: 7/41
2	FILER NAME	DAVIS, RON		3 ACCOUNT# 12312005	(Ethics Commission filers)
4	Date	5 Full name of contributor)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	05/18/2007	6 Contributor address; City; State; Zip Code 9000 Bancroft Trail Austin, TX 78729	.,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$35.00	
		,		(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/12/2007	Contributor address; City; State; Zip Code 823 Congress Ave Suite 1505		\$125.00	
		Austin, TX 78701		(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	<u> </u>	
		•			
	Date	Full name of contributor	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/28/2007	Contributor address; City; State; Zip Code 8611 Lucinda Dr. Elgin, TX 78621-9668	• • • • • • • • • • • • • • • • • • • •	\$35.00	
					Texas, complete Schedule T)
	Principal occup	vation / Job title (See Instructions)	Employer (See Ir	nstructions)	
	Date	Full name of contributor	<u>#</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/18/2007	Contributor address; City; State; Zip Code 4601 Munson Austin, TX 78721		\$35.00	
				(If travel outside of	f Texas, complete Schedule T)
	Principal occup	oation / Job title (See Instructions)	Employer (See Ir	nstructions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/12/2007	Contributor address; City; State; Zip Code 4400 Shoal Wood Ave. Austin, TX 78756-3217	, ,	\$25.00	
				(If travel outside of	f Texas, complete Schedule T)
- 	Principal occur	Deation / Job title (See Instructions)	Employer (See Ir	nstructions)	

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	The Instructio	GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/2	29 Report: 8/41
2	FILER NAME	DAVIS, RON		3 ACCOUNT # 12312005	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Butts, Nina)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	06/11/2007	6 Contributor address; City; State; Zip Code 4400 Shoalwood Ave. Austin, TX 78756-3217		\$35.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/18/2007	Contributor address; City; State; Zip Code 4506 Rosedale Ave. Austin, TX 78756-3028		\$30.00	
				(15)	
	Dringing	otion / Job title (See Instructions)	Employer (Cas I-	l <u>' </u>	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	isu ucuons)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/12/2007	Contributor address; City; State; Zip Code 2705 Bee Cave Road, Suite 300 Austin, TX 78746		\$125.00	
				(If travel outside of	Texas, complete Schedule T)
\vdash	Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)	
				T	
	Date	Full name of contributor ☐ out-of-state PAC (ID# Cjasura, William C.)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/12/2007	Contributor address; City; State; Zip Code 1202 Fire Bush Dr. Pflugerville, TX 78660		\$250.00	Texas, complete Schedule T)
\vdash	Principal occur	pation / Job title (See Instructions)	Employer (See In	1 '	
	r moipal occup			Total decidency	
	Date	Full name of contributor	<u>; </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/12/2007	Contributor address; City; State; Zip Code 4325 Triboro Trl Austin, TX 78749		\$35.00	
				(If travel outside of	f Texas, complete Schedule T)
 	Principal occup	pation / Job title (See Instructions)	Employer (See Ir	nstructions)	
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	The Instruction	אי Guide explains how to complete this form.		1 PAGE # Schedule: 7/2	29 Report: 9/41
2	FILER NAME	DAVIS, RON		3 ACCOUNT # 12312005	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Cofer, George)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	06/11/2007	6 Contributor address; City; State; Zip Code 3306 Gentry Drive Austin, TX 78746-5507		\$50.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/12/2007	Contributor address; City; State; Zip Code 4304 Parkwood Rd. Austin, TX 78722		\$50.00	!
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
		·			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/18/2007	Contributor address; City; State; Zip Code 5602 Palisade Court Austin, TX 78731		\$35.00	
					Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/18/2007	Contributor address; City; State; Zip Code 9400 Prince William Austin, TX 78730		\$75.00	f [1
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/18/2007	Contributor address; City; State; Zip Code 4111 Lakeplace Ln Austin, TX 78746		\$1,000.00	
				<u> </u>	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	

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	The Instruction	on Guide explains how to complete this form.		1 PAGE#	20 Panort: 10/41		
2	FILER NAME	DAVIS, RON		3 ACCOUNT # 12312005	29 Report: 10/41 (Ethics Commission filers)		
4	Date	5 Full name of contributor)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	03/12/2007	6 Contributor address; City; State; Zip Code 5504 Chadwyck Dr Austin, TX 78723-5414		\$25.00	 		
		Ausun, 17/10/25-5414		(If travel outside of	Texas, complete Schedule T)		
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	05/18/2007	Contributor address; City; State; Zip Code 230 Balboa Dr. University City, TX 78148		\$100.00	! !		
				(If travel outside of	Texas, complete Schedule T)		
\vdash	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	02/28/2007	Contributor address; City; State; Zip Code 4409 Sacred Arrow Dr. Austin, TX 78735	,.,,,	\$1,000.00	 		
				(If travel outside of	Texas, complete Schedule T)		
\vdash	Principal occur	pation / Job title (See Instructions)	Employer (See In	1_`			
		·					
-	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	05/18/2007	Contributor address; City; State; Zip Code 4409 Sacred Arrow Dr. Austin, TX 78735		\$100.00	<u> </u>		
		•		(If travel outside of	f Texas, complete Schedule T)		
\vdash	Principal occur	pation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete schedule 17		
	, ,	,	. , ,	,			
F	Date	Full name of contributor ut-of-state PAC (ID#)	Amount of	In-kind contribution		
		DBA Robin Schneider and Associates	,	centribution (\$)	description (if applicable)		
	05/18/2007	Contributor address; City; State; Zip Code 2609 Sherwood Ln Austin, TX 78704		\$100.00	! !		
				(If travel outside of	f Texas, complete Schedule T)		
-	Principal occup	pation / Job title (See Instructions)	Employer (See Ir	nstructions)	<u> </u>		

	The Instruction	N GUIDE explains how to complete this form.		1 PAGE# Schedule: 9/2	29 Report: 11/41		
2	FILER NAME	ER NAME DAVIS, RON		3 ACCOUNT # 12312005	(Ethics Commission filers)		
4	Date	5 Full name of contributor)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	02/28/2007	6 Contributor address; City; State; Zip Code 1805 Astor Place Austin, TX 78721		\$25.00	 		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	03/12/2007	Contributor address; City; State; Zip Code 743 Oakland Avenue #10 Oakland, CA 94611-6215		\$35.00	 		
			(If travel outside of Texas, complete Schedule T)				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)				
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	02/28/2007	Contributor address; City; State; Zip Code 4608 Oak Cliff Dr. Austin, TX 78721-1534		\$35.00	 		
				<u></u>	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	02/28/2007	Contributor address; City; State; Zip Code 5005 Glencoe Cir. Austin, TX 78745-1744		\$10.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)			
	Date	Full name of contributor □ out-of-state PAC (ID# Douglas, Aida Berduo)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	03/12/2007	Contributor address; City; State; Zip Code 12925 Latchwood Ln Austin, TX 78753		\$35.00	 -		
				(If travel outside of	Texas, complete Schedule T)		
_	Principal occup	pation / Job title (See Instructions)	Employer (See In				
1							

The Instruction	on Guide explains how to complete this form.		1 PAGE# Schedule: 10	/29 Report: 12/41
FILER NAME	DAVIS, RON		3 ACCOUNT # 12312005	(Ethics Commission filers)
Date	5 Full name of contributor ☐ out-of-state PAC (ID#_ Doyle, John & Angelia G.)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05/18/2007	6 Contributor address; City; State; Zip Code 2012 Northridge Dr. Austin, TX 78723		\$35.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/18/2007	Contributor address; City; State; Zip Code 700 Lavaca Street, Suite 1300 Austin, TX, TX 78701		\$250.00	!
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
	•			
- Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/12/2007	Contributor address; City; State; Zip Code 4410 Twisted Tree Drive Austin, TX 78735-6432		\$35.00	1
			(If travel outside o	f Texas, complete Schedule T)
Principal occu	(Employer (See In	<u> </u>	
	pation / Job title (See Instructions)	Employer (See II	istructions)	
Date	Full name of contributor ut-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
Date 06/11/2007	Full name of contributor		Amount of	
	Full name of contributor		Amount of contribution (\$) \$465.00	description (if applicable)
06/11/2007	Full name of contributor		Amount of contribution (\$) \$465.00	description (if applicable)
06/11/2007 Principal occu	Full name of contributor out-of-state PAC (ID# Dukette, Scott E. Contributor address; City; State; Zip Code 4410 Twisted Tree Drive Austin, TX 78735-6432	Employer (See In	Amount of contribution (\$) \$465.00 (If travel outside onstructions)	description (if applicable)
06/11/2007	Full name of contributor	Employer (See In	Amount of contribution (\$) \$465.00	
06/11/2007 Principal occu	Full name of contributor out-of-state PAC (ID# Dukette, Scott E. Contributor address; City; State; Zip Code 4410 Twisted Tree Drive Austin, TX 78735-6432 pation / Job title (See Instructions)	Employer (See In	Amount of contribution (\$) \$465.00 (If travel outside onstructions)	description (if applicable)
06/11/2007 Principal occu	Full name of contributor out-of-state PAC (ID# Dukette, Scott E. Contributor address; City; State; Zip Code 4410 Twisted Tree Drive Austin, TX 78735-6432 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID# Eckhart, Sarah Contributor address; City; State; Zip Code 1001 Lorrain St.	Employer (See In	Amount of contribution (\$) \$465.00 (If travel outside onstructions) Amount of contribution (\$) \$50.00	description (if applicable)

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	The Instruction	אס Guide explains how to complete this form.		1 PAGE # Schedule: 11	/29 Report: 13/41		
2	FILER NAME	DAVIS, RON		3 ACCOUNT # 12312005	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Elfant, Bruce)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	03/12/2007	6 Contributor address; City; State; Zip Code 4522 Avenue F Austin, TX 78751		\$25.00	 - -		
				L'	Texas, complete Schedule T)		
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	05/18/2007	Contributor address; City; State; Zip Code 4522 Avenue F Austin, TX 78751		\$35.00	 		
				(If travel outside of	f Texas, complete Schedule T)		
├	Principal occup	ation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete constant 1)		
		,		,			
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	03/27/2007	Contributor address; City; State; Zip Code 1036 Forest Bluff Tr. Round Rock, TX 78664		\$50.00	 		
				(If travel outside of	f Texas, complete Schedule T)		
\vdash	Principal occup	eation / Job title (See Instructions)	Employer (See In	L .'	· · · · · · · · · · · · · · · · · · ·		
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	03/27/2007	Contributor address; City; State; Zip Code 4604 Golden Maize Austin, TX 78746		\$500.00	 		
				(If travel outside o	f Texas, complete Schedule T)		
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)			
F	Date	Full name of contributor)	Amount of	In-kind contribution		
	20.0	English, Wallace & Bernadette T.	/	contribution (\$)	description (if applicable)		
	06/11/2007	Contributor address; City; State; Zip Code 3616 Quiette Dr. Austin, TX 78754		\$250.00	\ { 		
				(If travel outside o	f Texas, complete Schedule T)		
\vdash	Principal occup	pation / Job title (See Instructions)	Employer (See Ir	estructions)			

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	The Instruction	N GUIDE explains how to complete this form.		1 PAGE# Schedule: 12	/29 Report: 14/41		
2	FILER NAME	DAVIS, RON		3 ACCOUNT# 12312005	(Ethics Commission filers)		
4	Date	5 Full name of contributor)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	06/11/2007	6 Contributor address; City; State; Zip Code 5909 Highland Hills Drive Austin, TX 78731		\$50.00	 		
				L	Texas, complete Schedule T)		
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)			
1	Date	Full name of contributor	()	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	05/18/2007	Contributor address; City; State; Zip Code 8611 Doe Trail Austin, TX 78746		\$35.00	! 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occur	pation / Job title (See Instructions)	Employer (See Ir	<u> </u>			
	7 THO, pa. 0000p	Starrage and Cook increasions,					
	Date	Full name of contributor □ out-of-state PAC (ID# Fath, Shudde	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	05/18/2007	Contributor address; City; State; Zip Code 1005 Bluebonnet Lane Austin, TX 78704-2003		\$35.00	! !		
				(If travel outside of	f Texas, complete Schedule T)		
	Principal occup	pation / Job title (See Instructions)	Employer (See Ii	nstructions)			
	Date	Full name of contributor	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/11/2007	Contributor address; City; State; Zip Code 1301 McKinney, Suite 5100 Houston, TX 77010	,	\$500.00	 		
				(If travel outside o	f Texas, complete Schedule T)		
	Principal occup	 pation / Job title (See Instructions)	Employer (See Ii				
 	Date	Full name of contributor	<u> </u>	Amount of	In-kind contribution		
	Date	Get Ready Fund-Raiser Cash Donations Without	-	contribution (\$)	description (if applicable)		
	03/12/2007	Contributor address; City; State; Zip Code 301 West Riverside Austin, TX 78704		\$86.00	1		
				(If travel outside o	f Texas, complete Schedule T)		
-	Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)			
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The Instruct	ion Guide explains how to complete this form.		1 PAGE# Schedule: 13/	/29 Report: 15/41
2 FILER NAME	DAVIS, RON		3 ACCOUNT # 12312005	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#_Gilliland, Doug)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
03/12/2007	6 Contributor address; City; State; Zip Code 9285 Huntington Square Suite 100		\$500.00	
	North Richard Hills, TX 76180		(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/18/2007	Contributor address; City; State; Zip Code 20121 FM 969 Webberville, TX 78653		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor uut-of-state PAC (ID# Gonzales, Raul A. & Raul M.)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/18/2007	Contributor address; City; State; Zip Code 2707 Carnarvon Ln Austin, TX 78704		\$35.00	
			1	Texas, complete Schedule T)
Principal occi	upation / Job title (See Instructions)	Employer (See Ir	structions)	
Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/18/2007	Contributor address; City; State; Zip Code 1010 Austin Highlands Blvd Austin, TX 78745-3800		\$50.00	†
			(If travel outside of	Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions)	Employer (See Ir	nstructions)	
Date	Full name of contributor	·	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/28/2007	Contributor address; City; State; Zip Code 821 Central Austin, TX 78621		\$500.00	
				Tavas samalata Sahadula Ti
	Landing (landilla (Coa landwations)	Employer (See Ir	<u>.l.''.</u>	Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions)	Employer (See II	ioductioffs)	

	The historical	on Guide explains how to complete this form.		1 PAGE#	
	1110 1931800110	TO COIDE EXPLAINS HOW TO COMPLETE WITH TOTAL		Schedule: 14	/29 Report: 16/41
2	FILER NAME	DAVIS, RON		3 ACCOUNT#	(Ethics Commission filers)
				12312005	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Granger and Mueller, P.C.)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	05/18/2007	6 Contributor address; City; State; Zip Code 605 W. 10th St. Austin, TX 78701-2042		\$125.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	eation / Job title (See Instructions)	10 Employer (See In	<u> </u>	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/12/2007	Contributor address; City; State; Zip Code P.O. Box 98 Austin, TX 78767		\$250.00	
		Austin, 12 70707			·¬
_	Dein ein al annum	Indian (lab lille (Con Indiana)	Employer /Coo In		Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In		
	Date	Full name of contributor ut-of-state PAC (ID# Graves Dougherty Hearon & Moody	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/18/2007	Contributor address; City; State; Zip Code P.O. Box 98 Austin, TX 78767	. , . , ,	\$250.00	
	•			(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	estructions)	
-	Date	Full name of contributor ☐ out-of-state PAC (ID#	<i>t</i>)	Amount of	In-kind contribution
		Greene, Jesse W.	,	contribution (\$)	description (if applicable)
	05/18/2007	Contributor address; City; State; Zip Code 6601 Greensboro Dr. Austin, TX 78723		\$35.00	{ {
				(If travel outside of	f Texas, complete Schedule T)
<u> </u>	Principal occup	pation / Job title (See instructions)	Employer (See In	nstructions)	
_					
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/18/2007	Contributor address; City; State; Zip Code 2939 Westlake Cove Austin, TX 78746		\$1,000.00	
				(If travel outside o	f Texas, complete Schedule 7)
	Principal occup	pation / Job title (See Instructions)	Employer (See Ir	nstructions)	

	The Instruction	אס Guide explains how to complete this form.		1 PAGE # Schedule: 15	/29 Report: 17/41			
2	FILER NAME	DAVIS, RON		3 ACCOUNT# 12312005	(Ethics Commission filers)			
4	Date	5 Full name of contributor)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)			
1	05/18/2007	6 Contributor address; City; State; Zip Code 7004 Fred Morse Dr. Austin, TX 78723-1607		\$10.00	 			
				(If travel outside of	Texas, complete Schedule T)			
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)				
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	03/12/2007	Contributor address; City; State; Zip Code 8616 Northwest Plaza Dr. Dallas, TX 75225		\$250.00	 -			
				(If travel outside of	Texas, complete Schedule T)			
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)				
	Date	Full name of contributor	_)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	05/18/2007	Contributor address; City; State; Zip Code 8616 Northwest Plaza Dr. Dallas, TX 75225		\$250.00	 			
				(If travel outside of	Texas, complete Schedule T)			
\vdash	Principal occup	pation / Job title (See Instructions)	Employer (See In	1				
-	Date	Full name of contributor ut-of-state PAC (ID#	1	Amount of	In-kind contribution			
	Date	Heidrick, R. Clarke)	contribution (\$)	description (if applicable)			
		. ,	,.,.,.,					
	05/18/2007	Contributor address; City; State; Zip Code		\$125.00	, 1			
		3702 Eastledge Dr. Austin, TX 78731-5851						
				(15 mm.) = 1 1 1 1	Town complete Cabrilla TV			
_	Dringing	pation / Joh title (See Instructions)	Employer (See In	<u> </u>	f Texas, complete Schedule T)			
	Principal occup	pation / Job title (See Instructions)	⊏mployer (See In	su ucuons)				
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)			
	03/12/2007	Contributor address; City; State; Zip Code 512 E. 11th St. Suite 210		\$250.00	1			
		Austin, TX 78701-2634						
{				<u> </u>	f Texas, complete Schedule T)			
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)				

SCHEDULE A					_	
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	The Instruction	N GUIDE explains how to complete this form.		1 PAGE# Schedule: 16	/29 Report: 18/41		
2	FILER NAME	NAME DAVIS, RON			(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Herbert Evans, Attirney at Law)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	03/12/2007	6 Contributor address; City; State; Zip Code 1302 West Avenue Austin, TX 78701		\$250.00	 		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	03/12/2007	Contributor address; City; State; Zip Code 4112 Ramsey Ave. Austin, TX 78756-3511		\$40.00	! 1 !		
				<u> </u>	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	istructions)			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	05/18/2007	Contributor address; City; State; Zip Code 4112 Ramsey Ave. Austin, TX 78756-3511		\$35.00	 		
				1	Texas, complete Schedule T)		
	Principal occup	pation / Job title (See Instructions)	Employer (See Ir	nstructions)			
	Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/11/2007	Contributor address; City; State; Zip Code 1205 Weatherford Dr. Austin, TX 78753		\$100.00	1 		
				(If travel outside of	f Texas, complete Schedule T)		
	Principal occup	pation / Job title (See Instructions)	Employer (See In	nstructions)			
-	Deta	Full name of contributor ut-of-state PAC (ID#		Amount of	In-kind contribution		
	Date	Hodge, James M.		contribution (\$)	description (if applicable)		
	05/18/2007	Contributor address; City; State; Zip Code 6102 Begonia Cir Austin, TX 78741		\$70.00	1		
				(If travel outside o	f Texas, complete Schedule T)		
-	Principal occup	pation / Job title (See Instructions)	Employer (See Ir	nstructions)			

POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The Instruction Guide explains how to complete this form. Schedule: 17/29 Report: 19/41 3 ACCOUNT # (Ethics Commission filers) FILER NAME DAVIS, RON 12312005 In-kind contribution 5 Full name of contributor ut-of-state PAC (ID# Amount of Date contribution (\$) description (if applicable) Holderness, E. & M. \$70.00 05/18/2007 6 Contributor address; City; State; Zip Code 2943 Thousand Oaks Dr. Austin, TX 78746-7661 (If travel outside of Texas, complete Schedule T) 10 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor ut-of-state PAC (ID# Amount of In-kind contribution Date description (if applicable) contribution (\$) Howard, Robert M. 03/12/2007 Contributor address; City; State; Zip Code \$35.00 2315 Westforest Dr. Austin, TX 78704 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#_ In-kind contribution Amount of Date contribution (\$) description (if applicable) Howard, Robert M. \$35.00 05/18/2007 Contributor address; City; State; Zip Code 2315 Westforest Dr. Austin, TX 78704 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor ut-of-state PAC (ID# In-kind contribution Date Amount of description (if applicable) contribution (\$) Johnson, D' Ann 03/12/2007 Contributor address; City; State; Zip Code \$35.00 1604 E. 11th St Austin, TX 78702 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Full name of contributor ut-of-state PAC (ID# Amount of Date contribution (\$) description (if applicable) Jones, J. Woodfin \$35.00 City; State; Zip Code 05/18/2007 Contributor address; 1323 Wilderness Dr Austin, TX 78746 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions)

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

The Instruction Guide explains how to con	nplete this form.		1 PAGE# Schedule: 18	3/29 Report: 20/41
2 FILER NAME DAVIS, RON			3 ACCOUNT # 12312005	(Ethics Commission filers)
4 Date 5 Full name of contributor Kinslow, S.B.	☐ out-of-state PAC (ID#	<i>‡</i>)	7 Amount of contribution (\$)	8
02/28/2007 6 Contributor address; 3204 Bratton Heights Dr. Austin, TX 78728-6816	City; State; Zip Code		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occupation / Job title (See Instruction	ns)	10 Employer (See In	structions)	
Date Full name of contributor Land Design Studio LP	☐ out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/11/2007 Contributor address; 1135 W. 6th St., Ste. 140 Austin, TX 78703	City; State; Zip Code		\$100.00	[
			1	Texas, complete Schedule T)
Principal occupation / Job title (See Instructio	ns)	Employer (See In	estructions)	
Date Full name of contributor Leberman, Lowell Jr.	□ out-of-state PAC (ID#	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/28/2007 Contributor address; 3834 Promontory Point Dr. Austin, TX 78744-1100	City; State; Zip Code		\$500.00	
			(If travel outside of	f Texas, complete Schedule T)
Principal occupation / Job title (See Instruction	ns)	Employer (See In	istructions)	
Date Full name of contributor Leberman, Lowell Jr.	☐ out-of-state PAC (ID#	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/18/2007 Contributor address; 3834 Promontory Point Dr. Austin, TX 78744-1100	City; State; Zip Code		\$250.00	
			(If travel outside of	f Texas, complete Schedule T)
Principal occupation / Job title (See Instruction	ons)	Employer (See In	nstructions)	
Date Full name of contributor Lipscombe, John H.	out-of-state PAC (ID)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/18/2007 Contributor address; 6600 Mesa Dr. Austin, TX 78731	City; State; Zip Code		\$50.00	
			(If travel outside of	f Texas, complete Schedule T)
Principal occupation / Job title (See Instruction	ons)	Employer (See Ir	nstructions)	

SCHEDULE A

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

	The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 19	/29 Report: 21/41
2	FILER NAME	DAVIS, RON		3 ACCOUNT# 12312005	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Locke Liddell & Sapp, LLP)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	03/12/2007	6 Contributor address; City; State; Zip Code 100 Congress Avenue, Suite 300 Austin, TX 78701-4042	,	\$500.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/28/2007	Contributor address; City; State; Zip Code 725 Patterson Austin, TX 78703	,	\$50.00	1
				(If travel outside of	Texas, complete Schedule T)
	Principal occur	pation / Job title (See Instructions)	Employer (See In	<u></u>	Texas, complete schedule 1)
		,			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/12/2007	Contributor address; City; State; Zip Code 1102 Gillespie Place Austin, TX 78704		\$10.00	
				(If travel extends of	Tovas, somelete Schadule Ti
	Principal occur	pation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete Schedule T)
			. , .	, 	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
; 1	02/28/2007	Contributor address; City; State; Zip Code 2810 Towner Lane Austin, TX 78703		\$125.00	
				(If travel outside of	Texas, complete Schedule T)
-	Principal occup	pation / Job title (See Instructions)	Employer (See In	I	rezas, complete ochecule 17
_					
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/11/2007	Contributor address; City; State; Zip Code 2810 Towner Lane Austin, TX 78703		\$70.00	
				/If travel outside of	Texas, complete Schedule T)
-	Principal occur	pation / Job title (See Instructions)	Employer (See In		
			, , , , , , ,	,	

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE#	/20 Papart: 22/41
2	FILER NAME	DAVIS, RON	-11	3 ACCOUNT # 12312005	/29 Report: 22/41 (Ethics Commission filers)
4	Date	5 Full name of contributor	· · · · · · · · · · · · · · · · · · ·	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	05/18/2007	6 Contributor address; City; State; Zip Code 4807 Spicewood Springs, #1105 Austin, TX 78759		\$35.00	 -
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	.
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
; }	05/18/2007	Contributor address; City; State; Zip Code		\$35.00	
		Austin, TX 78746			1
_	Principal occur	pation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
	1 Tirrelpar occup	valion 7 300 tille (See instructions)	Employer (See in	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
! !	03/12/2007	Contributor address; City; State; Zip Code 7100 Grove Crest Dr. Austin, TX 78736		\$100.00	f
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/28/2007	Contributor address; City; State; Zip Code 1719 Manor Road Austin, TX 78722-2538		\$50.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	4
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
:	05/18/2007	Contributor address; City; State; Zip Code P.O. Box 303307 Austin, TX 78703-0056		\$1,000.00	1
				(If :ravel outside of	Texas, complete Schedule T)
	Principal occup	nation / Job title (See Instructions)	Employer (See In	<u> </u>	
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	The Instruction	N GUIDE explains how to com	plete this form.		1 PAGE # Schedule: 21	/29 Report: 23/41
2	FILER NAME	DAVIS, RON			3 ACCOUNT # 12312005	(Ethics Commission filers)
4	Date	5 Full name of contributor Miller, A. Bryce	out-of-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	03/27/2007	6 Contributor address; 1209 W. 5th St. Ste., 200 Austin, TX 78703	City; State; Zip Code		\$500.00	
					(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instruction	ns)	10 Employer (See In	structions)	
	Date	Full name of contributor Murfee, George	out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
! [06/11/2007	Contributor address; 1101 S Capital of TX HWY, B Austin, TX 78746	City; State; Zip Code oldg. D110		\$1,000.00	
					(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instruction	ns)	Employer (See In		Toxas, complete constant //
		``				
	Date	Full name of contributor Murphys, Jr., Patrick H.	out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/12/2007	Contributor address; 3638 Quiette Dr. Austin, TX 78754	City; State; Zip Code		\$50.00	,
		Additi, 17/10/34			(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instruction	ns)	Employer (See In	<u> </u>	
	Date	Full name of contributor Neely, Adrian L. & Harriet	out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/18/2007	Contributor address; 2200 Lancaster Gate Austin, TX 68664	City; State; Zip Code		\$100.00	
					(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instruction	ns)	Employer (See In	structions)	10.44
	D-1-	Full page		, ,	Amount of	In-kind contribution
	Date	Full name of contributor Neely, Mary Ann	□ out-of-state PAC (ID#)	Amount of contribution (\$)	description (if applicable)
	03/12/2007	Contributor address; 1908 Barton Pky Austin, TX 78704	City; State; Zip Code		\$35.00	
					(if travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instruction	ns)	Employer (See In	structions)	

	The Instruction	on Guide explains how to complete this form.		1 PAGE# Schedule: 22	/29 Report: 24/41
2	FILER NAME	DAVIS, RON		3 ACCOUNT# 12312005	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Neely, Mary Ann)	7 Amount of eantribution (\$)	8 In-kind contribution description (if applicable)
	05/18/2007	6 Contributor address; City; State; Zip Code 1908 Barton Pky Austin, TX 78704		\$50.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
İ	05/18/2007	Contributor address; City; State; Zip Code 3418 Zadock Woods Dr. Austin, TX 78749	•••••	\$70.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/27/2007	Contributor address; City; State; Zip Code 3830 Hunterwood Point Austin, TX 78746		\$500.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/28/2007	Contributor address; City; State; Zip Code 1116 Reagan Terrace Austin, TX 78704	•••••	\$250.00	[
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/18/2007	Contributor address; City; State; Zip Code 1506 Gaston Ave. Austin, TX 78703-2419		\$35.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occur	pation / Job title (See Instructions)	Employer (See In		
		,	• •	,	

SCHEDULE A

(512)463-5800

	The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 23	/29 Report: 25/41
2	FILER NAME	DAVIS, RON		3 ACCOUNT# 12312005	(Ethics Commission filers)
4	Date	5 Full name of contributor Out-of-state PAC (ID# Pastor, Andrew & Laura)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	03/27/2007	6 Contributor address; City; State; Zip Code 2908 Sparkling Brook Ln Austin, TX 78746		\$500.00	
İ				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/18/2007	Contributor address; City; State; Zip Code 800 San Antonio St Austin, TX 78701		\$1,000.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor □ out-of-state PAC (ID# Porter, Jr., Plummer J. and Vera M.)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/28/2007	Contributor address; City; State; Zip Code 9705 Monarch Lane Austin, TX 78724-5841		\$40.00	1 1
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	istructions)	
	Date	Full name of contributor □ out-of-state PAC (ID# Price, Hehra L.)	Amount of contribution (\$)	In-kind contribution description (if applicable)
]	03/12/2007	Contributor address; City; State; Zip Code 1601 Ridgemont Dr. Austin, TX 78723		\$20.00	
				(if travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ir	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/18/2007	Contributor address; City; State; Zip Code 2711 Hillview Green Lane Austin, TX 78703		\$500.00	
				(If travel outside of	f Texas, complete Schedule T)
-	Principal occur	Dation / Job title (See Instructions)	Employer (See Ir	nstructions)	

			1 PAGE#	
The Instruction	N Guide explains how to complete this form.			29 Report: 26/41
FILER NAME	DAVIS, RON		3 ACCOUNT# 12312005	(Ethics Commission filers)
Date	5 Full name of contributor ☐ out-of-state PAC (ID# Reyes, Alonzo & Debbie)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
03/12/2007	6 Contributor address; City; State; Zip Code 4407 Norwood Ln Austin, TX 78744		\$35.00 \	Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	10 Employer (See In	L	, ,
i i ililoipai occupi			,	
Date	Full name of contributor ut-of-state PAC (ID# Richter, Dorothy)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/12/2007	Contributor address; City; State; Zip Code 3901 Avenue G Austin, TX 78751		\$25.00	! -
ĺ			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule 1/
Fillicipal occup	ation 7 500 title (GEE Instituctions)		,	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/28/2007	Contributor address; City; State; Zip Code 811 Barton Springs Rd., Ste 210 Austin, TX 78704-1163		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ir	nstructions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/12/2007	Contributor address; City; State; Zip Code 1304 Guadalupe St Austin, TX 78701		\$250.00	
			1. `	f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See li	nstructions)	
	Full name of contributor ut-of-state PAC (ID)	<u> </u>	Amount of	In-kind contribution
Date	Robert R. Kamm Government Affairs	' <i>_</i> /	contribution (\$)	description (if applicable)
06/11/2007	Contributor address: City; State; Zip Code 1304 Guadalupe St Austin, TX 78701		\$150.00	1 [
			(If travel outside o	f Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
				Electronic Filing Version 3

(512)463-5800

POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The Instruction Guide explains how to complete this form. Schedule: 25/29 Report: 27/41 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME DAVIS, RON 12312005 5 Full name of contributor ut-of-state PAC (ID# 7 Amount of In-kind contribution contribution (\$) description (if applicable) Roberts, Nick City; State; Zip Code 03/12/2007 6 Contributor address; \$35.00 P.O. box 164166 Austin, TX 78716 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Full name of contributor ut-of-state PAC (ID# Amount of In-kind contribution Date contribution (\$) description (if applicable) Roche, David L 03/27/2007 City; State; Zip Code Contributor address: \$500.00 7421 Waldon Dr. Austin, TX 78750 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of In-kind contribution contribution (\$) description (if applicable) Rogers, Mary L. 05/18/2007 Contributor address; City; State; Zip Code \$25.00 1707 E. 32nd St. Austin, TX 78722-1616 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Date Amount of description (if applicable) contribution (\$) Ron's Birthday Fund-Raiser Cash Donation Without Names City; State; Zip Code 05/18/2007 Contributor address; \$380.00 301 West Riverside Dr Austin, TX 78704 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of Date description (if applicable) contribution (\$) Rudy, Kirk & Amy 03/27/2007 Contributor address; City; State; Zip Code \$500.00 2111 Highgrove Ter Austin, TX 78703 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions)

	The Instruction	ON GUIDE explains how to complete this form.	3 A (20 A (20 B)) - 10 P (10 A (10 B))	1 PAGE#	/29 Report: 28/41
2	FILER NAME	DAVIS, RON	A THE STATE OF THE	3 ACCOUNT # 12312005	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID#_Salinas, Trey III)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	03/12/2007	6 Contributor address; City; State; Zip Code 1221 S. MOPAC Suite 115		\$500.00	
		Austin, TX 78733-2600		(If travel outside of	Texas, complete Schedule T)
9	Principal occup	Dation / Job title (See Instructions)	10 Employer (See In	<u> </u>	,
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/18/2007	Contributor address; City; State; Zip Code 2604 Geraghty Ave. Austin, TX 78757		\$70.00	
				(If trave) outside of	Texas, complete Schedule T)
	Principal occup	Loation / Job title (See Instructions)	Employer (See In	<u></u>	Tokas, somprote boylester 1
		,			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/12/2007	Contributor address; City; State; Zip Code 604 West 11th Street Austin, TX 78701		\$50.00	
				(16.1	T T T
	Principal occur	Dation / Job title (See Instructions)	Employer (See In	1	Texas, complete Schedule T)
	, miospan adau	, , , , , , , , , , , , , , , , , , , ,	,	,	
	Date	Full name of contributor)	Amount of	In-kind contribution
		Smith, Craig		contribution (\$)	description (if applicable)
	03/12/2007	Contributor address; City; State; Zip Code 1908 Barton Pky Austin, TX 78704-3212		\$50.00	
		Austin, 17/10/04-3212			i
			Employer/Coo.ln	<u> </u>	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor ut-of-state PAC (ID# Smith, Craig)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/18/2007	Contributor address; City; State; Zip Code 1908 Barton Pky Austin, TX 78704-3212		\$50.00	<u> </u>
				(If travel outside of	Texas, complete Schedule T)
<u> </u>	Principal occur	pation / Job title (See Instructions)	Employer (See In	<u> </u>	, , , , , , , , , , , , , , , , , , ,
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	The Instruction	אס Guide explains how to complete this form.		1 PAGE#	7/29 Report: 29/41
2	FILER NAME	DAVIS, RON		3 ACCOUNT # 12312005	(Ethics Commission filers)
4	Date	5 Full name of contributor)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
i	03/12/2007	6 Contributor address; City; State; Zip Code 3628 Quiette Dr. Austin, TX 78754	,	\$100.00	!
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/12/2007	Contributor address; City; State; Zip Code 5209 Provencial Dr. Austin, TX 78724		\$25.00	
				(If travel outside of	f Texas, complete Schedule T)
	Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
:	03/12/2007	Contributor address; City; State; Zip Code 2615 Pecos Austin, TX 78703	, , , , , ,	\$35.00	
}				(If travel outside of	f Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	L	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/12/2007	Contributor address; City; State; Zip Code 1225 Corona Austin, TX 78723		\$35.00	
					'
┕				<u> </u>	f Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/15/2007	Contributor address; City; State; Zip Code 4716 St. John's Dr. Dallas, TX 75205		\$500.00	
] '	f Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
1					

SCHEDULE A

(512)463-5800

The Instru	ICTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 28	3/29 Report: 30/41
2 FILER NAM	ME DAVIS, RON		3 ACCOUNT# 12312005	(Ethics Commission filers)
4 Date	5 Full name of contributor)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
03/27/200	6 Contributor address; City; State; Zip Code 1710 Waterston Austin, TX 78703		\$50.00	i i
			(If travel outside of	Texas, complete Schedule T)
9 Principal o	ccupation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	<u>+</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/18/200)7 Contributor address; City; State; Zip Code 312 Blazing Star Dr. Austin, TX 78737		\$125.00	
i			(If travel outside of	Texas, complete Schedule T)
Principal o	ccupation / Job title (See Instructions)	Employer (See Ir	estructions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/18/20)7 Contributor address; City; State; Zip Code P.O. Box 398 Manor, TX 78653-0398		\$1,000.00	
			(If travel outside of	Texas, complete Schedule T)
Principal o	ccupation / Job title (See Instructions)	Employer (See Ir	<u> </u>	
Tritoparo			· · · · · · · · · · · · · · · · · · ·	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
05/18/20	Contributor address; City; State; Zip Code 400 W 14th St. Suite #220 Austin, TX 78701		\$2,500.00	
			(If travel outside of	f Texas, complete Schedule T)
Principal o	ccupation / Job title (See Instructions)	Employer (See Ir	nstructions)	
Date	Full name of contributor	*)	Amount of contribution (S)	In-kind contribution description (if applicable)
06/11/20	Contributor address; City; State; Zip Code 2300 Frist City Tower Houston, TX 77002-6760		\$1,000.00	
			<u> 1.`</u>	f Texas, complete Schedule T)
Principal o	ccupation / Job title (See Instructions)	Employer (See Ir	nstructions)	

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	The Instruction	N GUIDE explains how to complete this form.		1 PAGE# Schedule: 29	/29 Report: 31/41
2	FILER NAME	DAVIS, RON		3 ACCOUNT# 12312005	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID#_Washington, Milton G.)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	03/28/2007	6 Contributor address; City; State; Zip Code 11500 Oak TRL Austin, TX 78753		\$50.00	
	Principal accur	ation / Job title (See Instructions)	10 Employer (See In	L	Texas, complete Schedule T)
9	Fillelpal occup	ation / Job title (See Instructions)	10 Employer (See in	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/18/2007	Contributor address; City; State; Zip Code 1104 Nueces Street Austin, TX 78701	,,,,,,	\$35.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	 	
				,	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/28/2007	Contributor address; City; State; Zip Code 7304 Geneva Dr. Austin, TX 78723		\$35.00	
				(if travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	1	
		· ·		, 	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/12/2007 Contributor address; City; State; Zip Code 2002-A Guadalupe ST- PMB 290 Austin. TX 78705				\$35.00	l
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ir	<u> </u>	Toxos, complete obligation,
=	Date	Full name of contributor ☐ out-of-state PAC (ID#)	Amount of	In-kind contribution
	Date	Worsham, Victoria H	/	contribution (\$)	description (if applicable)
	03/27/2007	Contributor address; City; State; Zip Code 5800 Highland Hills Terr Austin, TX 78731		\$10.00	!
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	nation / Job title (See Instructions)	Employer (See In	structions)	- *

(512)463-5800

POLITICAL EXPENDITURES SCHEDULE F 1 PAGE# The Instruction Guide explains how to complete this form. Schedule: 1/9 Report: 32/41 (Ethics Commission filers) FILER NAME DAVIS, RON 3 ACCOUNT# 12312005 Amount 4 Date Payee name (\$) Austin Community Foundation \$50.00 05/15/2007 City; State; Zip Code 6 Payee address; 501 Congress Ave., Suite 220 Austin, TX 78701 Purpose of payment (See instructions regarding type of information Complete if direct expenditure to benefit Candidate/Officeholder ** required.) Candidate / Officeholder name: Community service Office sought: (If travel outside of Texas, complete Schedule T) Office held: Amount Date Payee name (\$) Black Registry 01/23/2007 \$250.00 City; State; Zip Code Pavee address: 1223A Rosewood Avenue Austin, TX 78702 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Purpose of payment (See instructions regarding type of information required.) Candidate / Officeholder name: Political Adversisement Office sought: (If travel outside of Texas, complete Schedule T) Office held: Date Amount Payee name (\$) Capitol City Argus \$250.00 01/29/2007 City; State; Zip Code Payee address; P.O. Box 140471 Austin, TX 78714 Purpose of payment (See instructions regarding type of information Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: required.) Political Advertisement Office sought: (If travel outside of Texas, complete Schedule T) Office held: Date Amount Payee name (\$) Central Texas Democratic Forum \$120.00 03/28/2007 Payee address; City; State; Zip Code 1105 W. 12th Austin, TX 78703 * Complete if direct expenditure to benefit Candidate/Officeholder ** Purpose of payment (See instructions regarding type of information Candidate / Officeholder name: Donation for community service Office sought: (If travel outside of Texas, complete Schedule T) Office held:

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The Instruction	on Guide explains how to complete this form.		1 PAGE# Schedule: 2	9 Report: 33/41	
2 FILER NAME	DAVIS, RON		3 ACCOUNT # 12312005	(Ethics Commission filers)	
4 Date	5 Payee name Chavez, Feli			7 Amount (\$)	
02/12/2007	\$75.00				
8 Purpose of pay required.) Contrach Labor	nefit Candidate/Officeholder · ·				
(II	f travel outside of Texas, complete Schedule T)	Office sought: Office held:			
Date	Amount (\$)				
04/30/2007	04/30/2007 Payee address; City; State; Zip Code 314 West 11th Street, Suite 525 Austin, TX 78701				
required.)	yment (See instructions regarding type of information romote, and sponsor culture diversity	** Complete if direc Candidate / Officehol		nefit Candidate/Officeholder **	
(lı	f travel outside of Texas, complete Schedule T)	Office sought: Office held:	,		
Date	Payee name Coamerica Bank			Amount (\$)	
01/13/2007	Payee address; City; State; Zip Code P.O. Box 75000 Dallas, TX 48275			\$6.50	
Purpose of payment (See instructions regarding type of information required.) Service Charges ** Complete if direct expenditu Candidate / Officeholder name:				nefit Candidate/Officeholder **	
(1	f travel outside of Texas, complete Schedule T)	Office sought: Office held:			
Date	Payee name Coamerica Bank			Amount (\$)	
02/13/2007	Payee address; City; State; Zip Code P.O. Box 75000 Dallas, TX 48275			\$6.50	
Purpose of payment (See instructions regarding type of information required.) Service Charges ** Complete if direct expenditure to beneather the complete of the complete if direct expenditure to beneather the complete of				nefit Candidate/Officeholder **	
(I·	f travel outside of Texas, complete Schedule T)	Office sought: Office held:			

POLITICAL EXPENDITURES SCHEDULE F 1 PAGE# The Instruction Guide explains how to complete this form. Schedule: 3/9 Report: 34/41 ACCOUNT # (Ethics Commission filers) FILER NAME DAVIS, RON 12312005 Amount Date Payee name (\$) Coamerica Bank 03/13/2007 \$6.50 6 Payee address; City; State; Zip Code P.O. Box 75000 Dallas, TX 48275 9 · · Complete if direct expenditure to benefit Candidate/Officeholder · · Purpose of payment (See instructions regarding type of information required.) Candidate / Officeholder name: Service Charges Office sought: (If travel outside of Texas, complete Schedule T) Office held: Date Payee name Amount (\$) Coamerica Bank 04/12/2007 \$6.50 City; State; Zip Code Payee address; P.O. Box 75000 Dallas, TX 48275 Purpose of payment (See instructions regarding type of information ** Complete if direct expenditure to benefit Candidate/Officeholder ** required.) Candidate / Officeholder name: Service Charges Office sought: (If travel outside of Texas, complete Schedule T) Office held: Date Payee name Amount (\$) Coamerica Bank \$6.50 05/11/2007 Payee address; City; State; Zip Code P.O. Box 75000 Dallas, TX 48275 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Purpose of payment (See instructions regarding type of information Candidate / Officeholder name: required.) Service Charges Office sought: (If travel outside of Texas, complete Schedule T) Office held: Amount Date Payee name (\$) Coamerica Bank \$6.50 06/13/2007 Payee address; City; State; Zip Code P.O. Box 75000 Dallas, TX 48275 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Purpose of payment (See instructions regarding type of information required.) Candidate / Officeholder name: Service Charges Office sought: (If travel outside of Texas, complete Schedule T) Office held:

SCHEDULE F

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/9 Report: 35/41			
2 FILER NAME	DAVIS, RON		3 ACCOUNT # 12312005	(Ethics Commission filers)		
4 Date	4 Date 5 Payee name DBA Alfred Stanley & Associates					
04/05/2007 6 Payee address; City; State; Zip Code 1409 Hardouin Avenue Austin, TX 78703				\$7.50		
8 Purpose of par required.)	yment (See instructions regarding type of information	9 · · Complete if direct Candidate / Officehol		efit Candidate/Officeholder ***		
Reimbursement	for campaign expense					
(1	f travel outside of Texas, complete Schedule T)	Office sought: Office held:				
Date	Payee name Eastside Church of Christ			Amount (\$)		
03/13/2007	\$50.00					
Purpose of pa required.) Donation for cor	yment (See instructions regarding type of information mmunity service	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:				
(1	if travel outside of Texas, complete Schedule T)	Office sought: Office held:				
Date	Payee name Gregg Hamilton Campaign			Amount (\$)		
03/07/2007 Payee address; City; State; Zip Code P.O. Box 5674 Austin, TX 78763-5674			\$100.00			
Purpose of pa required.)	yment (See instructions regarding type of information	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:				
	f travel outside of Texas, complete Schedule T)	Office sought: Office held:				
Date	Payee name KAZI		· · · · · · · · · · · · · · · · · · ·	Amount (\$)		
02/28/2007	Payee address; City; State; Zip Code 8906 Wall Street Suite 203 Austin, TX 78754			\$500.00		
required.)	yment (See instructions regarding type of information nunity radio station	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:				
	If travel outside of Texas, complete Schedule T)	Office sought: Office held:				

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The Instruction	GUIDE explains how to complete this form.		1	PAGE # Schedule: 5/9	Report: 36/41
2 FILER NAME	DAVIS, RON		3	ACCOUNT # 12312005	(Ethics Commission filers)
4 Date	5 Payee name Kelly Graphics				7 Amount (\$)
05/08/2007 6 Payee address; City; State; Zip Code 1107 Rose Street Austin, TX 78703					\$2,090.55
8 Purpose of payment (See instructions regarding type of information required.) 9 ** Complete if of Candidate / Office Printing					efit Candidate/Officeholder ••
(11	f travel outside of Texas, complete Schedule T)	Office sought: Office held:			
Date	Payee name Mr. Dig Productions				Amount (\$)
04/08/2007	Payee address; City; State; Zip Code P.O. Box 143072 Austin, TX 78714				\$100.00
Purpose of pay required.) Musician for Ron	** Complete if direc Candidate / Officeho			efit Candidate/Officeholder	
(I	f travel outside of Texas, complete Schedule T)	Office sought: Office held:			
Date	Payee name Mr. Dig Productions				Amount (\$)
05/09/2007	Payee address; City; State; Zip Code P.O. Box 143072 Austin, TX 78714				\$300.00
Purpose of par required.) Musician for Ror	Complete if direct Candidate / Officeho			efit Candidate/Officeholder	
(1	Office sought: Office held:				
Date	Payee name Muscular Dystrophy Association	7-19-			Amount (\$)
04/06/2007	Payee address; City; State; Zip Code 3601 Far West Blvd Austin, TX 78781				\$50.00
Purpose of pa required.) Donation	Complete if direct Candidate / Officeho			nefit Candidate/Officeholder ''	
} 	If travel outside of Texas, complete Schedule T)	Office sought: Office held:			

SCHEDULE F

(512)463-5800

The Instruction	N GUIDE explains how to complete this form.	· · · · · · · · · · · · · · · · · · ·	1 PAGE # Schedule: 6/9 Report: 37/41		
2 FILER NAME	DAVIS, RON		ACCOUNT # (12312005	Ethics Commission filers)	
4 Date	5 Payee name Nokoa			7 Amount (\$)	
01/29/2007		\$250.00			
8 Purpose of pay required.) Advertisement	ment (See instructions regarding type of information	9 ** Complete if direct exp Candidate / Officeholder i		it Candidate/Officeholder **	
	travel outside of Texas, complete Schedule T)	Office sought: Office held:			
Date	Payee name People Fund			Amount (\$)	
03/28/2007	Payee address; City; State; Zip Code P.O. Box 6432 Austin, TX 78762			\$150.00	
Purpose of par required.) Donation	ment (See instructions regarding type of information	** Complete if direct exp Candidate / Officeholder		it Candidate/Officeholder ' '	
Office sought: (If travel outside of Texas, complete Schedule T) Office held:					
Date	Payee name Poder			Amount (\$)	
01/29/2007	Payee address; City; State; Zip Code P.O. Box 6237 Austin, TX 78762			\$75.00	
Purpose of payment (See instructions regarding type of information required.) Community awareness and appreciation Community awareness and appreciation				fit Candidate/Officeholder ••	
	f travel outside of Texas, complete Schedule T)	Office sought: Office held:			
Date	Payee name Postmaster			Amount (\$)	
05/23/2007	Payee address; City; State; Zip Code GMF Station Austin, TX 78710-9765			\$40.00	
Purpose of parequired.) P.O. 16665 fee	yment (See instructions regarding type of information	** Complete if direct exp Candidate / Officeholder	penditure to bene riame:	fit Candidate/Officeholder · ·	
1	f travel outside of Texas, complete Schedule T)	Office sought: Office held:			

SCHEDULE F

(512)463-5800

The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 7/9 Report: 38/41		
2 FILER NAME	DAVIS, RON		3 ACCOUNT # 12312005	(Ethics Commission filers)	
4 Date	5 Payee name Sam Biscoe Special Project			7 Amount (\$)	
05/17/2007	6 Payee address; City; State; Zip Code P.O. Box 1748 Austin, TX 78767			\$50.00	
required.)	ment (See instructions regarding type of information	9 * Complete if direc Candidate / Officehol		fit Candidate/Officeholder **	
Donated to appr Proclamation	eciate, promote, and sponsor the Emancipation Juneteenth	Office sought:			
(1	f travel outside of Texas, complete Schedule T)	Office held:			
Date	Payee name SMBS			Amount (\$)	
03/15/2007	Payee address; City; State; Zip Code P.O. Box 1748 Austin, TX 78767			\$250.00	
Purpose of par required.)	fit Candidate/Officeholder				
Donation for she Sheiff Benevoler	riff's trip to National Peace Officers Memorial - nt Fund	Office sought:			
(1	f travel outside of Texas, complete Schedule T)	Office held:			
Date	Payee name Spears, Sue			Amount (\$)	
02/02/2007	Payee address; City; State; Zip Code 7813 Colony Park Dr. Austin, TX 78724			\$75.00	
Purpose of pa required.) Contract Labor	yment (See instructions regarding type of information	** Complete if direct Candidate / Officeho	t expenditure to bene lder name:	efit Candidate/Officeholder	
	f travel outside of Texas, complete Schedule T)	Office sought: Office held:			
Date	Payee name			Amount	
	Spears, Sue			(\$)	
03/22/2007	Payee address; City; State; Zip Code 7813 Colony Park Dr. Austin, TX 78724			\$125.00	
required.)	yment (See instructions regarding type of information	** Complete if direct Candidate / Officeho		efit Candidate/Officeholder **	
Contract Labor	If travel outside of Texas, complete Schedule T)	Office sought: Office held:			

(512)463-5800

POLITICAL EXPENDITURES SCHEDULE F 1 PAGE# The Instruction Guide explains how to complete this form. Schedule: 8/9 Report: 39/41 (Ethics Commission filers) FILER NAME DAVIS, RON 3 ACCOUNT# 12312005 Date Payee name Amount 4 (\$) St. James Baptist Church 02/12/2007 \$100.00 6 Pavee address; City; State; Zip Code 3417 E. Martin Luther King Blvd Austin, TX 78721 9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Purpose of payment (See instructions regarding type of information required.) Candidate / Officeholder name: Eagle Family Conference, a community outreach program Office sought: (If travel outside of Texas, complete Schedule T) Office held: Date Payee name Amount (\$) Stanley - Garrison & Associates 04/12/2007 \$903.90 Payee address; City; State; Zip Code 812 San Antonio Street, Ste G23 Austin, TX 78701 Purpose of payment (See instructions regarding type of information * Complete if direct expenditure to benefit Candidate/Officeholder ** required.) Candidate / Officeholder name: Contract labor Office sought: (If travel outside of Texas, complete Schedule T) Office held: Date Payee name Amount (\$) Stanley - Garrison & Associates \$1,991.25 05/29/2007 Payee address; City; State; Zip Code 812 San Antonio Street, Ste G23 Austin, TX 78701 Complete if direct expenditure to benefit Candidate/Officeholder ** Purpose of payment (See instructions regarding type of information Candidate / Officeholder name: required.) Contract labor Office sought: (If travel outside of Texas, complete Schedule T) Office held: Date Payee name Amount (\$) Texas Organization of Black County Commissioners 02/06/2007 \$100.00 Payee address; City; State; Zip Code P.O. Box 908 Lufkin, TX 75902 Complete if direct expenditure to benefit Candidate/Officeholder ** Purpose of payment (See instructions regarding type of information Candidate / Officeholder name: required.) Donation to enhance community services Office sought: (If travel outside of Texas, complete Schedule T) Office held:

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506 POLITICAL EXPENDITURES SCHEDULE F PAGE# The INSTRUCTION GUIDE explains how to complete this form. Schedule: 9/9 Report: 40/41 ACCOUNT # (Ethics Commission filers) FILER NAME DAVIS, RON 12312005 Date Payee name Amount (\$) Threadgill's \$954.95 05/09/2007 6 Payee address; City; State; Zip Code 301 West riverside Dr Austin, TX 78704 Purpose of payment (See instructions regarding type of information 9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** required.) Candidate / Officeholder name: Cost for hosting Ron's Birthday Party Fund-Raiser Office sought: (If travel outside of Texas, complete Schedule T) Office held: Date Payee name Amount (\$) Villager \$204.00 05/15/2007 Payee address; City; State; Zip Code 1223 A Rosewood Ave. Austin, TX 78702 Purpose of payment (See instructions regarding type of information ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: required.) Advertisement 34th annivesary Office sought: (If travel outside of Texas, complete Schedule T) Office held: Date Payee name Amount Worley Printing (\$) 04/08/2007 \$185.00 City; State; Zip Code Payee address; 3217 I-35 North Austin, TX 78705 Purpose of payment (See instructions regarding type of information ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: required.) Printing Office sought: (If travel outside of Texas, complete Schedule T) Office held: